

**Questions & Answers
from Barrier Screening Tool Trainings
May 29, 2003**

1. What guidelines should workers follow for entering comments in the Barrier Screen Application?

The comment sections found in the Functional Screen (parts A, B, C and G) are a place to capture details that are reported by the participant about his or her barriers. If a participant discloses information about a known medical condition, the comment section should document the information that the participant has disclosed. This information should assist the worker in determining if a referral for formal assessment is needed. The comments found on the Follow-up Summary Screen are a record of the actions the worker has taken that may be reviewed by someone else in the future for a purpose such as an extension request, an intensive case review by the Regional Office or a fact-finding. It is important that workers capture enough information in these comment sections to allow other individuals (e.g., W-2 agency supervisors, W-2 Regional Office Staff) who review the information to have a complete picture of the worker's actions.

2. What kind of access will Regional Office staff have?

Regional office staff will have security clearance to view (i.e., query) BST records.

3. There should be a way to indicate self-disclosure or that a barrier is already known.

The policy developed around the BST is meant to give the participant control over which questions s/he chooses to answer. The participant may decline to answer questions about a medical condition that s/he has already disclosed to the worker.

Keep in mind that the purpose of the BST is to determine if a formal assessment is needed. If the worker has knowledge of an employment barrier (e.g., AODA, clinical depression, learning disability, etc.), whether it is self-disclosed or whether it's identified through the BST, a referral should be made for a formal assessment. If the participant is already seeing a health professional for that condition, then that professional should be consulted with to obtain the formal assessment. A formal assessment of the barrier that has already been completed within the previous year would also meet this requirement.

4. What date should be used for the formal assessment activity code on WPCB when using the D completion code?

Typically, the worker will open and close this activity the same day since it is not truly an ongoing activity. The date the activity is opened in CARES should be entered for both the Begin Date and Actual End Date.

5. What is the suggested process for completing the Spanish and Hmong screening tools when they are translated?

If a third-party translator is used, the translator can use the paper copy of the questions to do the translating and the Main User could simultaneously enter the responses into the automated tool. If the Main User is able to do the translation him or herself, it is better to capture the answers on the paper version first while meeting with the participant and then enter them into the automated tool after the screening is complete.

6. If a participant transfers to a new W-2 agency with a partially complete screening record, what steps should be taken?

If there are no complete screening records for the participant, the individual's name will continue to appear on one of the two BST monitoring reports. In order to get accurate screening results for the participant, the new agency should complete the full screening with the participant. This can be done by either selecting the Edit function and then editing the responses that were already provided; or the partially complete screening record may be deleted and a new record created.

7. What is the connection between applying for a W-2 extension and failure to administer BST and/or identify barriers in time to offer appropriate services? Are agencies required to extend to allow time to complete BST and possible assessment?

An Operations Memo on W-2 Extensions is under development and will cover the use of BST information when making a decision about an extension request.

8. What's the difference between 'most of the time' and 'some of the time'?

Whatever it means to the participant. However, if the participant is having a difficult time distinguishing between them, we suggest that "some of the time" would be 30-50% of the time and "most of the time" would be 60-80% of the time.

9. Will there be EOS reports for the BST?

No. However, a series of BST reports are in the planning stages that, when developed, will most likely be viewed through the Data Warehouse. Our target date for these reports are September 2003.

10. Will CARES screen WPTN reflect BST entries?

No.

11. Are prorated CSJ (CSJ1, 2 3) placements subject to one-time only BST requirements?

Yes.

12. Will the BST need to be re-administered if there are changes between CSJ placements (CSJ to CSJ1)?

No. This is also the case if someone switches from CMS to CSJ or CSJ to W2-T or any other combination of affected placements. If the BST is done for any placement, a subsequent placement change does not require a new BST.

13. How many people declined the BST during the field test?

We did not ask participating FEPs to document this information.

14. For ongoing cases, we were told that the BST would be due within 30 days of the next scheduled review appointment. How will the State pull the appointment data? AGOR as

we know is not valid for W-2. This date changes each time the ESS completes a review and the data is pushed forward with the FS review date.

We are starting that 30-day window using the date that all open programs have been confirmed on AGECE after the CARES review function has been completed. For those agencies that do not actually complete a W-2 review during the timeframe the review is due in CARES, another option is to complete the BST before the scheduled review date. Some agencies have asked to complete the BST with all ongoing cases within a one or two month timeframe. This is an acceptable way to handle it provided that the agency first reviews the BST Agreement with each participant.

- 15. Does an agency need to complete another BST Agreement form with the participant if they want to readminister the BST to the individual a second time (i.e., if the participant's circumstances have changed)?**

While we don't see it as an absolute requirement, as a best practice, the agency should review the agreement form with the participant and have them sign it to make sure that everyone is in full agreement about the purpose of the BST and the participant's right to decline it.

- 16. If the participant requests a copy of the BST results, should the agency provide him or her with a copy.**

Yes, the participant has the right to request and receive a copy of his or her BST results.

- 17. If an individual is in a CMC placement and is a volunteer for W-2 work programs and is enrolled, can this person have the BST administered to them.**

Yes. Anyone enrolled in work programs in CARES may have the BST administered to them. Even though this placement is not mandated by policy, FEPs always have the discretion to offer the BST.

- 18. If a participant fails to show for scheduled appointments to discuss the BST Agreement, it is not possible to get the participant to decline in writing. Is it sufficient to document the scheduled appointments and that the participant failed to show?**

At a minimum, the participant must be offered three opportunities to complete the BST. Workers must determine on a case-by-case basis if additional opportunities to complete the BST should be provided. When the participant has good cause for failing to show for an appointment, a follow-up appointment should always be scheduled.

If there is a pattern of the participant failing to follow through with the BST appointments, the worker should attempt to have the participant write down their wish to decline the BST and sign their name. If it is not possible to get the participant to decline in writing, the worker should make appropriate entries in the automated tool to indicate that the participant declined. Comments should be entered on the Follow-up Summary Screen to document the scheduled appointment dates and that the participant failed to show.

- 19. If a case opens and closes within 30 days and then reopens within that same 30 days, what placement date begins the 30 days to complete the BST? (Example: person is placed in**

CSJ on June 1st and then the placement is ended on June 10th and the case is closed. But then, on June 22nd, the person comes back and is replaced into a CSJ).

In this case example, the 30 day window to complete the BST would start over when the W-2 case reopened and the participant is placed back in the CSJ.

20. What should agencies do if the BST indicates that there should be a formal assessment but the agency either a) can't get one done in a timely manner (less than 3 months) or b) can't get one done at all (no money, no provider, etc)?

The W-2 Screening and Assessment Policy states that when the Barriers Screening Tool (BST) results indicate that a formal assessment is needed, the formal assessment must be scheduled and documented in CARES within 30 calendar days after the BST is completed (note: there are exceptions in the policy related to assessment for domestic violence). We recognize that the formal assessment may not always be completed within that timeframe as a result of provider waiting lists. However, the FEP must at a minimum, ensure that contact has been made with the designated assessing agency and that the participant is scheduled for the first available appointment.

With respect to the second part of the question, W-2 agencies agree, as part of their contract with the Department, to comply with the Department's policies and procedures. Issues pertaining to funding and/or lack of service providers to perform assessments, should be raised on a case by case basis to the Department through the agency's W-2 regional office.